

State of Arizona
Board of Homeopathic Medical Examiners

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FORM III

MEDICAL ASSISTANT APPLICATION

(Note: PREVIOUSLY LICENSED PRACTITIONERS please utilize this form)
Submit one form and fee of \$200.00 for each Medical Assistant within two weeks of
employment.

Medical Assistant status with supervision by an Arizona-licensed Homeopathic Physician is NOT intended to allow a health care practitioner, who would otherwise be subject to regulation by licensure in Arizona to practice his or her profession outside of that profession's formal regulatory authority. Homeopathic physicians proposing to employ as a Medical Assistant a person previously licensed or subject to professional regulation as a health care professional in a U.S. jurisdiction shall document and submit for approval to the Board the following information: (Refer to AAC R4-38-310 for more information).

A. Applicant Information: (Note: Home address, home phone, and email address are confidential)

1.

Home Address _____

Home or Mobile Phone Number. _____

Email address _____

Required Information (confidential):

SSN _____ Date of Birth _____

2.

Clinic Address(es) where procedure(s) are to be performed: (Public Information)

Clinic Phone Number _____

Clinic FAX Number _____

(If more room is needed to list locations please attach on a separate sheet)

3.

Applicant: please attach a curriculum vitae or resume with the application.

4.

Enclose evidence of training related to the job duties you will be provide for the physician. (Acceptable evidence would include transcripts of training, and certificates from specialized training entities).

5.

Have you been arrested or charged with any criminal act?

Yes _____ No _____ (If yes, attach a written explanation of the charge and include a certified copy of the initial charging document.)

6. In compliance with the Personal Responsibility/Work Opportunity Reconciliation Act (PRWORA) regarding State and local benefits (professional license/registration is defined as a benefit) please mark whether you are a citizen of the United States.

Yes _____ No _____

(If you are not a citizen of the United States, do you hold qualified alien status?)

Yes _____ No _____

(Please attach a copy of a document that evidences your status as a qualified alien).

7. List all jurisdictions, types of health care licenses and license numbers that the applicant has or currently possesses. (please list on a separate sheet if additional space is required)

_____	_____
_____	_____
_____	_____

8. Attach an affidavit stating the reasons why you are seeking employment as a Homeopathic Medical Assistant rather than as a licensed AZ health care provider in accordance with your professional training.

9. I hereby attest that the information indicated in this application is true and correct.

Applicant's Signature

Date of signature

(The information below is to be completed by the supervising physician)

- B. Proposed job description for the applicant: (REQUIRED)**

(What procedures are you delegating to the assistant ?)

Include the duties and job description for the assistant.

- C. Information related to On-The-Job Training/Practical Educational Program that Physician Will Provide (physician fill out only if you are providing on-job training).**

(check the modality in which you will provide on-the-job training and clinical supervision)

_____ *General Medical Office Procedures*
(provide documentation of 400 hours of didactic instruction and clinical supervision)

_____ *Acupuncture and Pain Management*
(provide documentation for completion of academic portion of a course of study offered by a member institution of the National Association of Colleges of Acupuncture and Oriental Medicine or for a course of study offered by a member institution of a World Health Organization designated training facility for Acupuncture or completion of an academic portion of study offered by an equivalent approved by the Board plus 500 hours of clinical supervision by a qualified physician)

- _____ *Acupuncture for Drug Detoxification*
(provide documentation for completion of 70 hours of diagnostic; 70 hours of supervised apprenticeship; completion of course in acupuncture drug detoxification conducted by the National Acupuncture Detoxification Association (NADA and approved by the Board; and 160 hours of clinical supervision by a qualified supervising physician)

- _____ *Homeopathic Repertorization Procedures*
(provide documentation of 180 hours of homeotherapeutics including 40 hours of didactic instruction and 40 hours of clinical supervision)

- _____ *Nutritional Counseling Procedures*
(provide documentation of 500 hours in clinical nutrition)

- _____ *Electro-Diagnostic Procedures*
(provide documentation of 35 hours in didactic course study of electro-diagnostic methodology; and 160 hours of clinical supervision by a qualified supervising physician)

- _____ *Physical Medical Treatment Modalities*
(provide documentation of completion of course in technical massage with 50 hours of study and certification by any Arizona jurisdiction or 50 hours on-the-job training in a specified physical medicine modality including didactic instruction and clinical supervision)

- _____ *Non specified, general medical or homeopathic practices*
(Evidence to be determined by the Board that the degree of educational training and clinical supervision is substantially equivalent to the documentation listed above. The training must also relate to the job description of the homeopathic medical assistant.

D. Supervising Physician Information (REQUIRED)

1. Physician's name: _____

2. **Attach educational qualifications and practice experience that relate to your qualifications necessary to supervise the applicant. The physician conducting the on-the-job training program is subject to the requirements of A.A.C. R4-38-305(B)1 through 6. (You may attach a resume or CV).**

3. I hereby attest that the information in this application is true and correct.

Physician Signature

Date signed

NOTICE: The applicant and supervising physician are required to attend an interview with the Board as required by AAC R4-38-310(D). You will be notified of the next Board meeting when your application is ready for Board review.

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